

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000113482

FILED
Apr 10, 2004
Secretary of State

Entity Name: PRESSCOM TECHNOLOGIES INC.

Current Principal Place of Business:

1644 LADY SLIPPER CIRCLE
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

1644 LADY SLIPPER CIRCLE
ORLANDO, FL 32825

New Mailing Address:

FEI Number: 02-0540565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNELL, JAMES
1644 LADY SLIPPER CIRCLE
ORLANDO, FL 32825

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCT () Delete
Name: CORNELL, TINA
Address: 1644 LADY SLIPPER CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: DP () Delete
Name: CORNELL, JAMES
Address: 1644 LADY SLIPPER CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: VS () Delete
Name: ROBINSON, D JAMES
Address: 2026 JAPONICA ROAD
City-St-Zip: WINTER PARK, FL 32792

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVS (X) Change () Addition
Name: ROBINSON, D JAMES
Address: 8306 AMBER OAK DR
City-St-Zip: ORLANDO, FL 32817

Title: D () Change (X) Addition
Name: LO, KANON
Address: 6719 YUCATAN CT
City-St-Zip: ORLANDO, FL 32807

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA CORNELL

DCT

04/10/2004

Electronic Signature of Signing Officer or Director

Date